2. What is the “Weight-Centric Health Paradigm”?

What is the first thing you are asked to do when you enter a doctor’s office? Most doctor’s offices, regardless of the reason for your visit, will direct you to a scale before anything else. This is just one sign that we live (at least in the US where we are writing from) in a weight-centric health paradigm. A paradigm is a certain way of thinking that sets the boundaries for what is allowed or not allowed, what is possible to imagine or not. Many times, we have trouble seeing scientific paradigms because they become taken for granted. It is important for us to identify what assumptions exist for us to evaluate whether or not the assumptions themselves are valid. For example, in this case, the idea that weight must be an indicator of health is something that we do not even think about. It is an underlying assumption.

The assumption about the relationship between weight and health is not simply that one exists. Under the weight-centric health paradigm, higher weight is assumed to be a cause for negative health and higher death rates. Under this paradigm, losing weight is seen as a positive health behavior, while gaining weight is seen as a negative health behavior. Another assumption that is not supported by evidence is that if higher-weight people can be made to look like thinner people through weight loss, then higher-weight people will have the same health outcomes as thinner people. This ignores the fact that the negative health outcomes that are attributed to weight may actually be caused by the experiences that happen more often to higher-weight people including weight stigma and weight cycling. These assumptions impact how people are treated at doctor’s offices, in everyday life, relationships, jobs, and even how we see ourselves.

Take some time to think about how you have seen the weight-centric health paradigm show up in your life. Pay attention when watching films and tv shows, reading the news, scrolling social media. What is the message in the ads you see or the stories that are told? Which characters are most often used as comic relief in films? See if you can identify concrete examples. How do these ideas influence your relationship to food and exercise and your body? Have you ever heard (or said yourself), “I’ll have to do extra exercise if I eat this cake”? How do you feel about your body weight? Do you judge other people’s body weight?

While some of these ideas have been challenged recently by those uncovering the history and current motivations behind diet culture (including now pharmaceutical companies), we are still steeped in this kind of thinking. Not only do we see these ideas in our cultural media, we have scientific research continuing that starts from weight-centric health assumptions (see science literacy exercise to explore this further). Also, national and local campaigns against what has been called the “ob*sity* epidemic” are funded by governments. (The “ob*sity[1] epidemic” literally

means the existence of people who are higher-weight than averages/norms that were determined based on mostly white men in the 20th century.) For example, instead of working hard for universal healthcare in the world’s wealthiest countries, insurance companies and corporations are allowed to work together to deny healthcare to higher weight people and offer incentives for those enrolling in weight loss programs [2].{keep work on wording of questions} Does culture and healthcare's hyperfixation on weight negatively impact higher-weight people's health? Who profits from a focus on shrinking higher-weight people rather than directly supporting the health of people of all sizes? What negative impacts of environmental or structural inequalities might get blamed on weight? Why might governments choose to fixate on weight and weight loss rather than addressing topics like environmental pollution or structural inequalities? Throughout this section, we hope you will consider these questions and others, including, what has been done and can be done to change the current paradigm?

The weight-centric health paradigm has not always existed and will hopefully not always be the dominant way we think about weight and health. To disentangle these two, we begin by looking at how and when this kind of thinking emerged.

> 1. We use the asterisk in “ob*se” and “overw*ight” to call attention to the word. We aim to acknowledge that these are terms that were created for the express purpose of medicalizing and pathologizing fat bodies, with roots in racism and specifically anti-Blackness. We believe it is important to call attention to the harm done by the use of these words. Words are not neutral but instead have history and meaning in particular contexts.

> 2. https://www.eeoc.gov/newsroom/eeoc-issues-final-rules-employer-wellness-programs

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